

PLEASE: POST THIS PERMIT AT JOB SITE

Office: (978) 897-2193

FAX: (978) 897-4534



# The Commonwealth of Massachusetts

Department of Public Safety

Electric

Permit No. \_\_\_\_\_

BOARD OF FIRE PREVENTION REGULATIONS 527 CMR 12:00 RULE 8 Effective 1/1/78

## APPLICATION FOR PERMIT TO PERFORM ELECTRICAL WORK

All work to be performed in accordance with the Massachusetts Electrical Code, 527 CMR 12:00

(PLEASE PRINT IN INK OR TYPE ALL INFORMATION)

Date no. day year

City or Town of STOW

To the Inspector of Wires:

The undersigned applies for a permit to perform the electrical work described below.

Location (Street & Number) \_\_\_\_\_

Owner or Tenant \_\_\_\_\_

TEL. # \_\_\_\_\_

Owner's Address \_\_\_\_\_

Is this permit in conjunction with a building permit: Yes ☐ No ☐ (Check Appropriate Box)

Purpose of Building \_\_\_\_\_ Utility Authorization No. \_\_\_\_\_

Existing Service \_\_\_\_\_ Amps \_\_\_\_\_ Volts Overhead ☐ Undgrd. ☐ No. of Meters \_\_\_\_\_

New Service \_\_\_\_\_ Amps \_\_\_\_\_ Volts Overhead ☐ Undgrd. ☐ No. of Meters \_\_\_\_\_

Number of Feeders and Ampacity \_\_\_\_\_

Location and Nature of Proposed Electrical Work \_\_\_\_\_

No. of Lighting Outlets	No. of Hot Tubs	No. of Transformers	Total KVA
No. of Lighting Fixtures	Swimming Pool Above grnd. <input type="checkbox"/> In-grnd. <input type="checkbox"/>	Generators	KVA
No. of Receptacle Outlets	No. of Oil Burners	No. of Emergency Lighting Battery Units	
No. of Switch Outlets	No. of Gas Burners	FIRE ALARMS No. of Zones	
No. of Ranges	No. of Air Cond. Total tons	No. of Detection and Initiating Devices	
No. of Disposals	No. of Heat Pumps Total Tons Total KW	No. of Sounding Devices	
No. of Dishwashers	Space/ Area Heating KW	No. of Self-Contained Detection/Sounding Devices	
No. of Dryers	Heating Devices KW	Local <input type="checkbox"/> Municipal Connection <input type="checkbox"/> Other	
No. of Water Heaters KW	No. of Signs No. of Ballasts	Low Voltage Wiring	
No. Hydro Massage Tubs	No. of Motors Total HP		

Other: \_\_\_\_\_

**TO ARRANGE FOR AN INSPECTION, PLEASE CALL THE BUILDING DEPARTMENT 897-2193**

INSURANCE COVERAGE: Pursuant to the requirements of Massachusetts General Laws I have a current Liability Insurance Policy including Completed Operations Coverage or its substantial equivalent. YES ☐ NO ☐ I have submitted valid proof of same to this office. YES ☐ NO ☐

If you have checked YES, please indicate the type of coverage by checking the appropriate box.

INSURANCE ☐ BOND ☐ OTHER ☐ (Please Specify) \_\_\_\_\_ (Expiration Date) \_\_\_\_\_

Estimated Value of Electrical Work \$ \_\_\_\_\_

Work to Start \_\_\_\_\_ Inspection Date Requested: Rough \_\_\_\_\_ Final \_\_\_\_\_

Signed under the penalties of perjury:

FIRM NAME \_\_\_\_\_ LIC. NO. \_\_\_\_\_

Licensee \_\_\_\_\_ Signature \_\_\_\_\_ LIC. NO. \_\_\_\_\_

Address \_\_\_\_\_

Bus. Tel. No. \_\_\_\_\_ Alt. Tel. No. \_\_\_\_\_

OWNER'S INSURANCE WAIVER: I am aware that the Licensee *does not have* the insurance coverage or its substantial equivalent as required by Massachusetts General Laws, and that my signature on this permit application waives this requirement.

Owner ☐ Agent ☐ (please check one)

(Signature of Owner or Agent)

Telephone No. \_\_\_\_\_

PERMIT FEE \$